

Critical Concept #3

For young children, **parent/caregiver support is critical:**

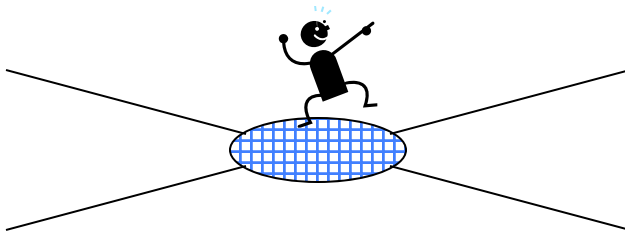
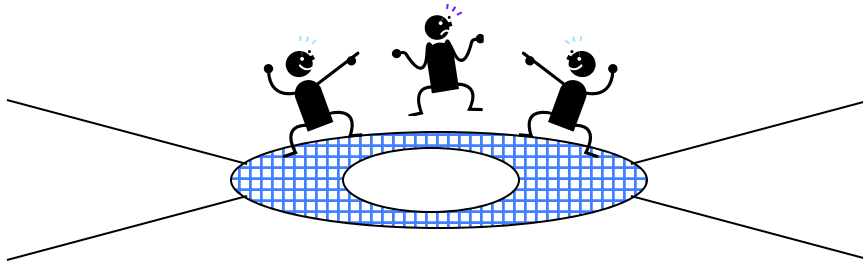
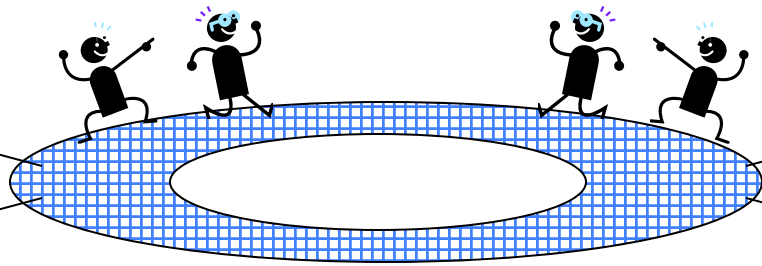
- Turns off physiologic stress response by **addressing physiologic and safety needs** (**PROTECT** = Maslow levels 1+2)
- Turns off the physiologic stress response by **promoting healthy relationships and attachment** (**RELATE** = Maslow level 3)
- Notes and encourages **foundational coping skills** as they emerge (**NURTURE** = Maslow levels 4+5)

Home Visitors are ideally placed to:

- Promote this sort of “Purposeful” Parenting
- Advocate for a **public health approach** to address toxic stress

Social-Emotional Safety Nets

A Public Health Approach to “**Toxic Stress**”



Universal Primary Preventions

Anticipatory guidance
Consistent messaging (CTC)

No identification

No stigma

**Ceiling effects =
Limited evidence base**

Targeted Interventions

(for those “at risk”)

Nursing home visits (NFP)

Parenting programs (PPP)

Early Intervention

Less ceiling=More evidence

Requires screening

Issues with stigma

Evidence-Based Treatments

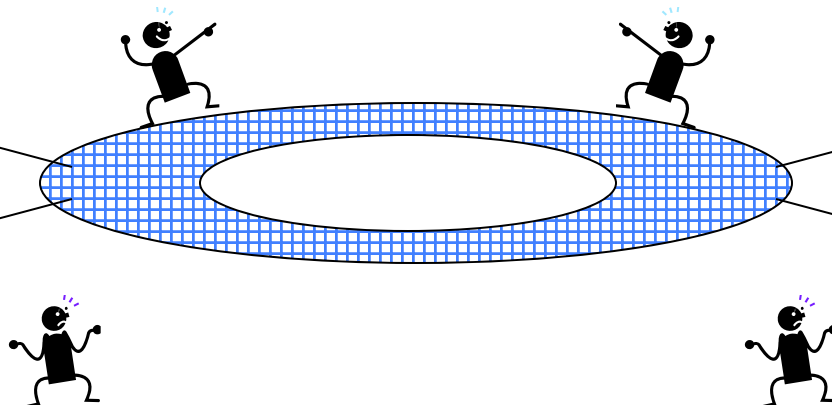
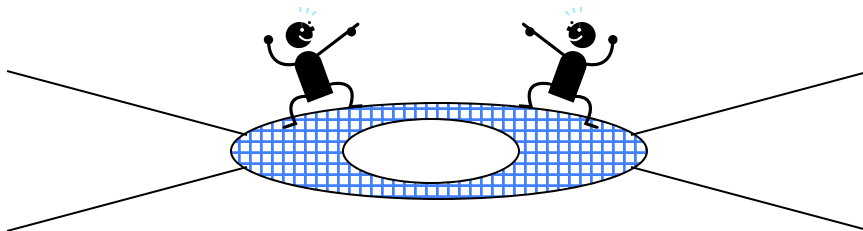
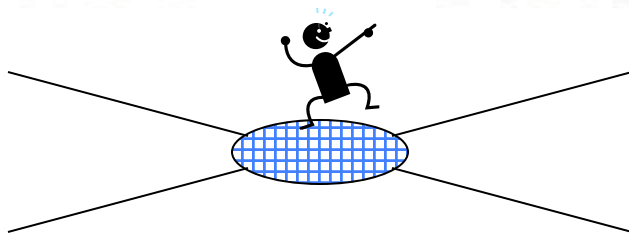
(for the symptomatic)

PCIT; TB-CBT; Pharmacotx

Treatment works!

Screening / stigma / access

WHAT are we DOING?!



Universal Primary Prevention

Bright Futures

Connected Kids / HS - NCH

Circle of Security / VIP

Relationships as a “vital” sign

Decrease Stress/Build Skills

Targeted Interventions

Screening for risks

Assess the ecology (SEEK/cACE)

Refer to/advocate for EBI

Collaborating/Developing EBI

ID Risks/Provide EBI

Evidence-Based Treatments

Screening for diagnoses

Common factors approach

Refer for/advocate for EBT

Collaborating/Developing EBT

ID Symptoms/Provide EBT

Building Mental Wellness

- **First Gear**

Implementation of Anticipatory Guidance focused on Building Protective Skills

- **Second Gear**

Implementation of Surveillance and Screening in infancy and adolescence

- **Third Gear**

Implementation of Practice-Based Intervention

- **Fourth Gear**

Collaboration and Coordination of Care with other Professionals and Schools

- **Fifth Gear**

Evidence Informed Pharmacotherapy



Building Mental Wellness

First Gear – Universal, Primary Preventions

- Decreasing Risks – Hard to address through HV
 - **Advocating** to decrease potential precipitants of toxic stress – like poverty, parental mental illness, parental substance abuse, unsafe housing, food scarcity
- Increasing Resilience – **CAN** be a HV objective
 - Meeting a child's most basic **needs** (M1+2)
 - Strengthening protective, supportive **relationships** (M3)
 - Intentionally building the foundation for (and rudiments of) healthy, adaptive **coping skills** (M4+5)





CLINICAL REPORT

Psychological Maltreatment

abstract

FREE

Psychological or emotional maltreatment of children may be the most challenging and prevalent form of child abuse and neglect. Caregiver behaviors include acts of omission (ignoring need for social interactions) or commission (spurning, terrorizing); may be verbal or nonverbal, active or passive, and with or without intent to harm; and negatively affect the child's cognitive, social, emotional, and/or physical development. Psychological maltreatment has been linked with disorders of attachment, developmental and educational problems, socialization problems, disruptive behavior, and later psychopathology. Although no evidence-based interventions that can prevent psychological maltreatment have been identified to date, it is possible that interventions shown to be effective in reducing overall types of child maltreatment, such as the Nurse Family Partnership, may have a role to play. Furthermore, prevention before occurrence will require both the use of universal interventions aimed at promoting the type of parenting that is now recognized to be necessary for optimal child development, alongside the use of targeted interventions directed at improving parental sensitivity to a child's cues during infancy and later parent-child interactions. Intervention should, first and foremost, focus on a thorough assessment and ensuring the child's safety. Potentially effective treatments include cognitive behavioral parenting programs and other psychotherapeutic interventions. The high prevalence of psychological abuse in advanced Western societies, along with the serious consequences, point to the importance of effective management. Pediatricians should be alert to the occurrence of psychological maltreatment and identify ways to support families who have risk indicators for, or evidence of, this problem. *Pediatrics* 2012;130:372–378

Roberta Hibbard, MD, Jane Barlow, DPhil, Harriet MacMillan, MD, and the Committee on Child Abuse and Neglect and AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY, Child Maltreatment and Violence Committee

KEY WORDS

psychological maltreatment, child abuse, emotional maltreatment, neglect, verbal abuse, development

ABBREVIATIONS

AAP—American Academy of Pediatrics

NFP—nurse family partnership

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The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

...universal interventions aimed at promoting the type of parenting that is now recognized to be necessary for optimal child development,...

Promoting the 7C's of Resilience

- **Competence**: When we notice what young people are doing right and give them opportunities to develop important skills, they feel competent. We undermine competence when we don't allow young people to recover themselves after a fall.
- **Confidence**: Young people need confidence to be able to navigate the world, think outside the box, and recover from challenges.
- **Connection**: Connections with other people, schools, and communities offer young people the security that allows them to stand on their own and develop creative solutions.
- **Character**: Young people need a clear sense of right and wrong and a commitment to integrity.
- **Contribution**: Young people who contribute to the well-being of others will receive gratitude rather than condemnation. They will learn that contributing feels good and may therefore more easily turn to others, and do so without shame.
- **Coping**: Young people who possess a variety of healthy coping strategies will be less likely to turn to dangerous quick fixes when stressed.
- **Control**: Young people who understand privileges and respect are earned through demonstrated responsibility will learn to make wise choices and feel a sense of control.

Promoting the Five R's of Early Childhood Education

- **READING** together - daily
- **RHYMING**, playing and cuddling
- **ROUTINES** – help children know what to expect of us - what is expected of them
- **REWARDS** for everyday successes – PRAISE is a powerful reward
- **RELATIONSHIPS**, reciprocal and nurturing – foundation of healthy child development



Critical Concept #4

- **Protective**
 - meeting the child's basic **physiologic needs** (water, food, sleep)
 - ensuring the child feels **safe**
 - but NOT being overprotective (teach to be safe on his/her own)
- **Personal**
 - meeting the child's need to feel **connected and accepted**
 - **loving the child** - if not the behavior
 - identifying the child's **individual needs and strengths**
- **Progressive**
 - having **developmentally appropriate expectations** for the child
 - meeting the child's need for **competence and self-confidence**
 - noting/encouraging **emerging** rudimentary/foundational skills
- **Positive**
 - being positive in **regard** ("It's all about the relationship")
 - being positive in **outlook** (I know you'll do better the next time")
 - being positive in **reward** ("Catch them being good")
 - but NOT being permissive (set a few but firm limits)
- **Playful**
 - allowing children **to direct** the play
 - **noting and nurturing new skills** as they emerge
 - **implementing** the other Principles of Purposeful Parenting
- **Purposeful**
 - challenging parents to identify their **long-term goals**
 - encouraging parents to identify the **purpose behind behaviors**
 - promoting parent and caregiver **executive function**

Building “**Piece**” of **Mind**

- **Handouts** for specific ages
 - **Newborn** (<2mo), Growing **Infant** (9mo), **Toddler** (18mo), **Three year** old
 - Encourages parents and caregivers to notice, nurture and **build upon emerging SEL skills**
 - **PROACTIVELY** nurturing **rudimentary but foundational coping skills**
- **Purposeful Parenting Primer**
 - **PROACTIVELY** discussing **parenting skills** in a **non-threatening, non-judgmental manner**
- **OHIO’S HOME VISITORS** may order:
 - 614-644-8389
 - E-mail to HMG@odh.ohio.gov

Building “Piece” of Mind

- **Your Newborn:** Face time and emotional health
- Builds on emerging social smile to:
 - Encourage face time/smiling back (the “dance” leading to SEL skills)
 - Discuss importance of parental wellness (to be part of the “dance”)
- Part of Anticipatory Guidance
 - First 6 weeks can be difficult (hormonal changes, decreased sleep)
 - Expectations - just pooping, peeing, sleeping, crying machines!
- Importance of the social smile at around 6 weeks
 - First reward for all your hard work!
 - There’s a person in there!
 - It will get to be more fun as they become more and more responsive
- Importance of “face time” / smiling back!
 - External stimuli (vs internal) – your face is like a drug
 - Beginning of discipline – to “teach” them to be happy / to talk

Building “Piece” of Mind

- **Your Newborn Role Play:**
- Congratulations!
 - Back to birth weight – the hard work is paying off!
- First few weeks can be difficult for many parents
 - Tired, hormonal changes, “not what I expected”
 - Newborns may sleep up to 20 hours a day, offer little interaction
 - “Eat my moo, make some poo, that’s all I do!”
- I promise it gets better
 - Around 6 weeks – start to see a social smile
 - Magical moment – more fun – “there’s a person in there!”
- Important to smile back!
 - Strengthens the bond
 - Beginning of discipline – to “teach” them to be happy, then to talk
 - Easier to teach what we want!!
- Hard to do if you are feeling lousy
 - Parents need care, too! Take advantage of offers to help!

Building “Piece” of Mind

- **Growing Infant:** Feelings are an early language
- Builds on emerging social referencing to:
 - Encourage parental awareness of what their faces are saying
 - Discuss emotions as an early language
- In response to the provider entering the room, or...
- As part of the Anticipatory Guidance
 - Even at this young age, your child is able to read your face
 - Often used to figure out if that stranger is friend or foe!
 - “Is mom happy or scared?” - Emotions are the first language!
- Importance of facial awareness
 - Is your face telling your child that everything is OK? Or NOT?!
 - Is your child actually feeling your stress, anger, or frustration?
- Importance of being a good role model
 - Don’t hide emotions – just temper them (cool, calm, collected!)

Building “Piece” of Mind

- **Growing Infant Role Play:**
- Notice what happens when strangers approach
 - Some (but not all!) children have stranger anxiety at this age
 - Many will demonstrate what's call “social referencing”
- They are “reading” your face
 - If you notice their anxiety and smile – they are more likely to relax
 - If not (you are distracted or look concerned) – they are likely to cry
- They are reading your emotions and feeling your stress
 - Do not hide your emotions, but temper them (for the baby's sake!)
 - Disciplining a sibling – the infant is likely to cry
 - Arguing with a spouse – the infant is likely to cry
 - Infants are sensitive measures of emotion and will “feel” your stress
- Discipline means “to teach”
 - Decrease infant stress (“everything is OK” – importance of play)
 - Build new skills (model the ability to curb strong emotions)
 - Not always possible but strive for “cool, calm and collected”

Building “Piece” of Mind

- **Your Toddler:** Tantrums, Time-out and Time-in
- Builds on emerging temper tantrums to:
 - Encourage the use of Time OUT
 - Discuss the importance of Time IN
- In response to parental concerns (or Anticipatory Guidance)
 - It is not uncommon for kids to have tantrums when:
 - You set a limit (try to ignore these, or limits will mean nothing!)
 - They become frustrated at their inability to express themselves
- Importance of Time IN:
 - Easier to teach what we want (note verbal attempts/good behaviors)
- Importance of Time OUT
 - Initial goal is “self-soothing” and the initiation of the calming reflex
 - Skill that needs to be learned (reinforcing steps in the right direction)
 - Pick only 1 or 2 extreme behaviors at a time (there must be time in)

Building “Piece” of Mind

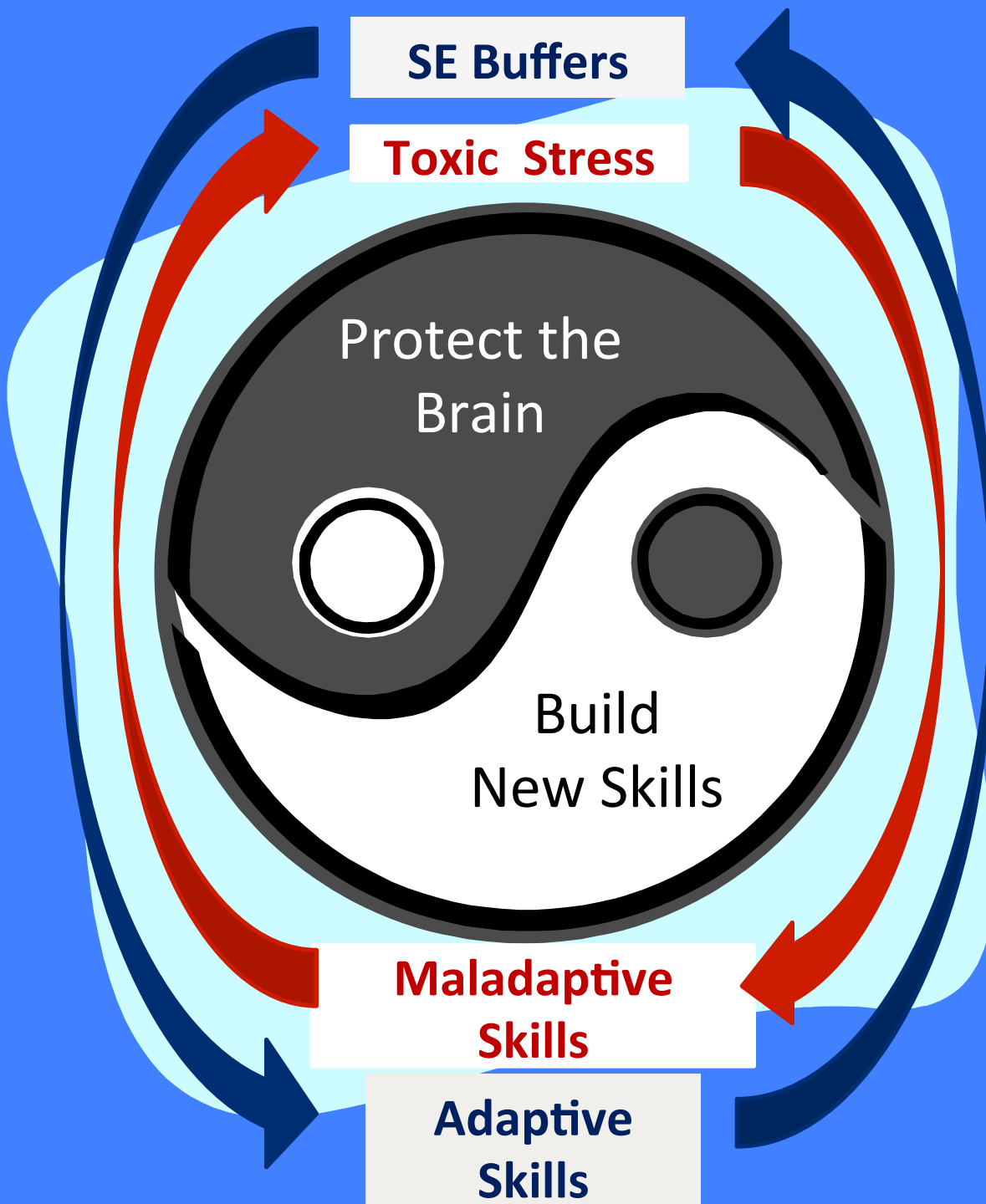
- **Your Toddler** *Role Play:*
- Have you noticed some temper tantrums?
 - It is not uncommon for kids to have tantrums when:
 - You set a limit (try to ignore these, or limits will mean nothing!)
 - They become frustrated at their inability to express themselves
- Importance of Time IN – easier to teach what we want
 - Encourage all verbal attempts by “giving them your eyes”
 - Encourage lots of free play - keep them engaged and safe
- Importance of Time OUT – dealing with emotional overload
 - Initial goal is not “punishment” but teaching to be “quiet and still”
 - “Quiet and still” is a skill that needs to be learned by reinforcing steps in the right direction
 - Only use after 1 or 2 aggressive, impulsive behaviors (hitting/biting)
 - Gently hold* in lap until they are quiet and still – then they get down
 - Once they are quickly able to self-sooth in your lap, then they sit in chair by themselves with your hand on their shoulder or belly
 - Once they are able to self sooth by themselves, then increase time

Building “Piece” of Mind

- **Your 3 Year Old:** Building Emotional Health
- Builds on emerging language skills to:
 - Encourage the labeling of emotions and the teaching coping skills
 - Discuss the importance of emotional “awareness” (EQ or EI)
- Anticipatory Guidance (or in response to parental concerns)
 - Much like adults, young children make good decisions when calm
 - Easily overwhelmed by strong emotions – leading to poor behavior
- Importance of Labeling Emotions:
 - Giving a name to the emotion decreases the stress
 - It normalizes the emotion (“It’s OK to be ...”)
 - It is the beginning of “mindfulness” (decreases the stress)
- Importance of Teaching Healthy Coping Styles
 - “The next time we feel ..., let’s try ... instead of ...!”
 - If kids know how to turn off their stress, less likely to try unhealthy ways!!

Building “Piece” of Mind

- **3 Year Old Role Play:**
- How is your child’s behavior? Angry, Fearful or Frustrated?
 - Much like adults, young children make good decisions when calm
 - Easily overwhelmed by strong emotions – leading to poor behavior
- Is your child able to talk about feelings?
 - “I’m angry” or the “baby is sad” – many are not
 - Many are able to do so at this age – with some help!!
- Importance of Labeling Emotions
 - Giving a name to the emotion decreases the stress
 - Not DURING a melt down, but before (“you look ...”) or after
 - “It’s OK to be ..., but it’s not OK to ...”
- Importance of Teaching Healthy Coping Styles
 - “The next time we feel ..., let’s try ... instead of ...!”
 - If kids know how to turn off their stress, less likely to try unhealthy ways (behavioral allostasis – overeating, smoking, drinking, promiscuity)
 - **Identifying passions / Teaching healthy distractions**



Critical Concept #5

Yin/Yang of
Early
Childhood:

- Protect the Brain
- Build New Skills

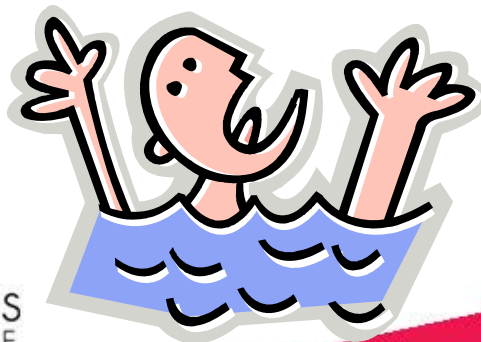
Building Bridges Pilot

- Joint venture between:
 - The Ohio Chapter, American Academy of Pediatrics
 - Ohio ECAC
 - Ohio Department of Health HMG Home Visitors
- Two webinars to explore a common science base:
 - Toxic stress and the science of early brain and child development
 - Purposeful parenting the primary prevention of toxic stress
- Piloting the BPoM Handouts with Home Visitors
 - BPoM handouts already being piloted in pediatric practices (BMW)
 - Some preliminary process data (they encourage conversations)
 - Requesting Home Visitor feedback via SurveyMonkey on:
 - The webinars
 - The Purposeful Parenting framework
 - The BPoM age-specific handouts



A Public Health Parable:

- Man by the river hears someone **drowning**
- Being a good swimmer, he **rescues** the person
- Before catching his breath, he hears **another** in need, and **another** and **another**...
- The man, exhausted, begins to **walk away**
- Asked where he's going, he responds...



A Public Health Parable:

“I’m going **upstream
to prevent others
from falling in!!”**



SUMMARY

- Advances in the basic sciences of development suggest an **ecobiodevelopmental** framework
- Early childhood experiences, and **toxic stress** in particular, become rooted in our biology and have life-long consequences (**prevention is key!**)
- Toxic stress is **public health** issue: home visitors and pediatricians must play integral roles
- Translation may not be easy – but is a **tremendous opportunity**



CONCLUSION:

It is easier to **build strong children**
than to **repair broken men.**

Frederick Douglass

